

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-005314

STATE FILE NUMBER

AMENDED

Registration District No. **318**

Primary Registration District No. **6285**

Registrar's No. **60**

FILED JAN 15 1962

1. PLACE OF DEATH

a. COUNTY **Wright**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Mt. Grove Township**

Length of stay in 1b
13 yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Inside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **Wright**

c. CITY OR TOWN **#### Norwood**

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)
Star Route

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED
(Type or print)

First Middle Last
Rev. Thomas C. Halford

4. DATE OF DEATH
Month Day Year
Jan. 2, 1962

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
12-29-93

9. AGE (last birthday)
68

IF UNDER 1 YEAR
Months Days

IF UNDER 24 HR
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Minister and retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY
Farmer

11. BIRTHPLACE (City and state or country)
Dora, Missouri

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Rev. John T. Halford

13b. MOTHER'S MAIDEN NAME

Anna Atnip

14. NAME OF HUSBAND OR WIFE

Martha Halford

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

[Redacted]

17. INFORMANT

Address

Martha Halford, Star R. Norwood, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary

INTERVAL BETWEEN ONSET AND DEATH
Sudden.

Condition, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____, to _____ and last saw her alive on _____.
Death occurred at **9:30 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE
1-6-62

23c. NAME OF CEMETERY OR CREMATORY
Brushyknob

23d. LOCATION (City, town, or county)
Brushyknob, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Clinkingbear Funeral Home, Ava, Mo.

1-6-1962

Bernice L. Sherman

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Item. Given to ~~the~~ *Legation*

Student _____
Signature of Student Embalmer _____

Signed

P. O. Address Chas. M.

If this body is not embalmed, fact should be so stated above.